

**APPLICATION FOR CERTIFIED COPY  
OF DD-214**

Requested By: \_\_\_\_\_

Copies Requested: 1 or 2

Name of Veteran: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Number and Street City State Zip Code

Mailing Address: \_\_\_\_\_  
If different from above Number and Street City State Zip Code

Date of Discharge: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

To obtain a Certified Copy of a DD-214 you must be authorized under section 6107 of the Government Code. Please check the appropriate line below:

- ☐ Person who is subject of the record.  
☐ Family member or legal representative of person who is subject of the record (must present proper Identification).  
☐ County office that provides veteran's benefits upon written request of the office.  
☐ United States Official upon written request of that official.

I, \_\_\_\_\_ swear under penalty of perjury that I am an authorized person, as defined in California Government Code Section 6107 and am eligible to receive a certified copy of the DD-214 identified on this application form. Sworn this \_\_\_\_ day of \_\_\_\_\_, 200\_, at \_\_\_\_\_.

Signature: \_\_\_\_\_

**This Section Must Be Completed For Mail Requests**

Certificate of Acknowledgement  
State of \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_, personally appeared \_\_\_\_\_ personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument. WITNESS my hand and official seal.

\_\_\_\_\_  
Notary Signature

(seal)

**Office use only:**

Photo ID Type: \_\_\_\_\_ ID# \_\_\_\_\_

Office Use Only: Book \_\_\_\_\_ Page \_\_\_\_\_ or Document Number \_\_\_\_\_